

Work Order ID 95860

95860

Page 1

January-21-13 8:57:46 AM

Item ID: D3121-23 Accept ***N900040100*** Setup Start ***NS1***
 Revision ID: Stop ***NS2***
 Item Name: Bearing
 Start Date: 1/16/13 Start Qty: 60.00 ¹⁰⁰
 Required Date: 1/30/13 Req'd Qty: 60.00 ~~*60*~~
 Reference: ~~*60*~~ Cust Item ID:
 Customer:

Approvals: Process Plan: PL Date: 13-01-22 Tooling: Date: Run Start ***NR1***
 QC: Date: SPC (Y/N): Date: Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
D3121	Rev E								

100 PURCHASING 0.00
100
 Purchasing Memo 0.00
 Purchasing Issue P/O: 18903 Bearing as per Dwg D3121 Possible Supplier:
 SKF P/N: 61900-ZZ or KML P/N: 6900-ZZ Material release note is required

CL 13/01/23 (100)

110 Receive & Inspect for Damage & Mat'l Certs 0.00
110
 Packaging Memo 0.00
 Packaging Ensure Material Release Note is attached

100x SP
13-01-28

120 QC6- Inspect dimensions to drawing 0.00
120
 QC Memo 0.00
 Quality Control Inspect diimensions as per Dwg D3121 and attached certification Dwg Rev ____

DAS
15
13-1-28

100

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear	General	Other	Other
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain	<input type="checkbox"/> Ovalized
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware	<input type="checkbox"/> Over/Under tolerance
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete	<input type="checkbox"/> Part Incorrect
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear	<input type="checkbox"/> Part Lost/Missing
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Part Moved
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled	<input type="checkbox"/> Positioned Wrong
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread	<input type="checkbox"/> Power Loss/Surge
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset	<input type="checkbox"/> Pressure/Forced
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration	<input type="checkbox"/> Temperature/Cure
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Weld
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Wrong Stock Pulled
			<input type="checkbox"/> Other

Work Order ID 95860

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January-21-13 8:57:46 AM

Item ID: D3121-23

Accept

N900040100

Setup Start ***NS1***

Revision ID:

Stop ***NS2***

Item Name: Bearing

Start Date: 1/16/13

Start Qty: 60.00

60

Cust Item ID:

Required Date: 1/30/13

Req'd Qty: 60.00

60

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

QC:

Date:

SPC (Y/N):

Date:

Run Start ***NR1***

Stop ***NR2***

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

130

Identify as per dwg & Stock Location **5235**

0.00

130

Packaging

Memo

0.00

Packaging

140

QC21- Final Inspection - Work Order Release

0.00

140

QC

Memo

0.00

Quality Control

1/31/28 (100)

13/1/29

130129

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY			
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other

Picklist Print

January-21-13 8:57:46 AM

Page 1

Work Order ID: 95860

Parent Item: D3121-23

Parent Item Name: Bearing

Start Date: 1/16/13

Required Date: 1/30/13

Start Qty: 60.00

Required Qty: 60.00

Comments: IPP A: 04.02.19 New Issue KJ/DS
IPP Rev:B ECN 1060 07-11-12 DD verified by:EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
6900ZZ Bearing		Purchased	No			100	Each	0.0000	1	60 100			

100x SP13-01-28.

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

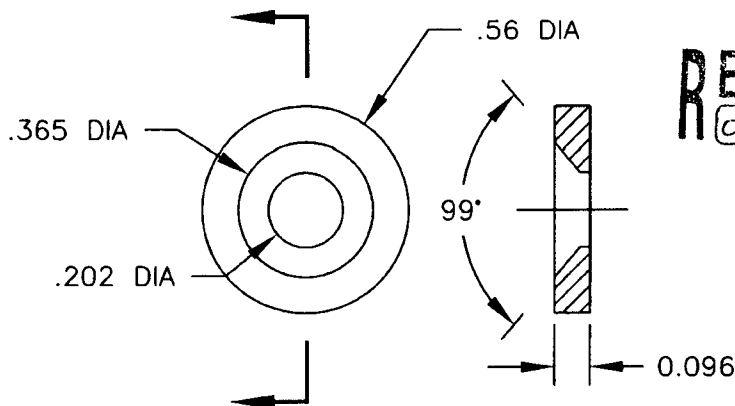
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data <input type="checkbox"/>									
Equip/Tooling <input type="checkbox"/>									
Operator <input type="checkbox"/>									
Material <input type="checkbox"/>									
Setup <input type="checkbox"/>									
Other <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

FAULT CATEGORY

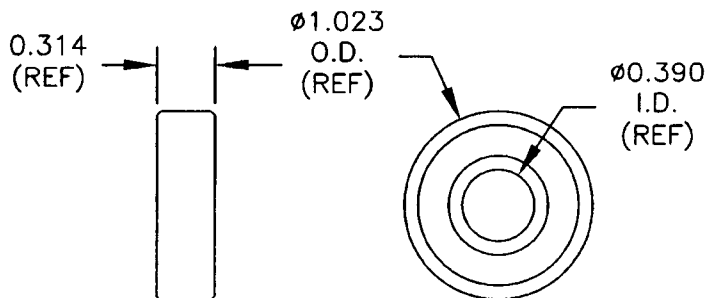
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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DART

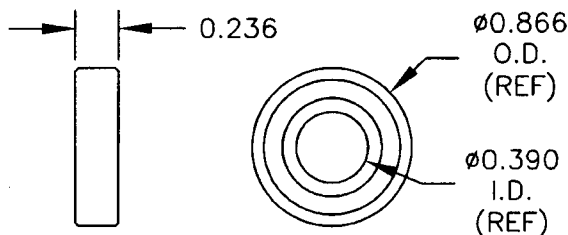
DESIGN #	DRAWN BY LE	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
CHECKED #	APPROVED #	DRAWING NO. D3121	REV. E SHEET 10 OF 10
DATE 07.11.07		TITLE BRACKET ASSEMBLY	SCALE 1:1

**D3121-17 WASHER (SCALE 2:1)**

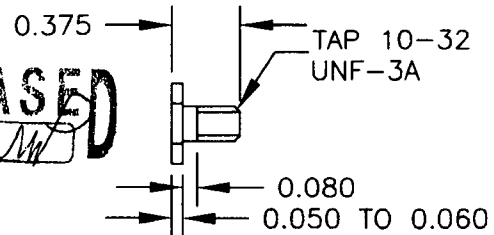
- 1) REPLACES PREMIER P/N B32-23001-17
- 2) MATERIAL: AISI 303 SS ROUND BAR, ANNEALED (REF DART SPEC. M303R)
- 3) TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) ALL DIMENSIONS ARE IN INCHES
- 5) BREAK ALL SHARP EDGES 0.005 TO 0.015

**D3121-19 BEARING (SCALE 1:1)**

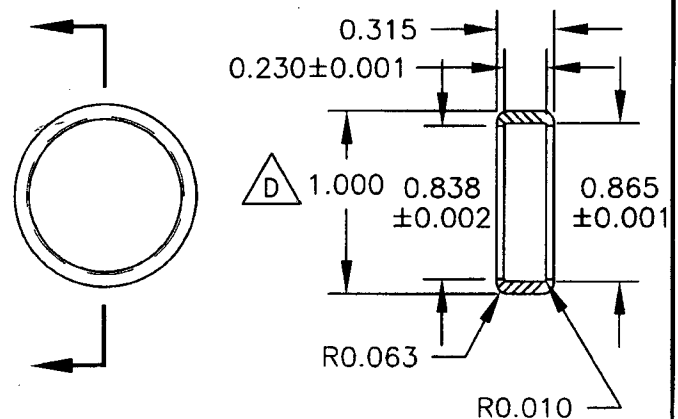
- 1) POSSIBLE SUPPLIER: KING BEARING P/N 6000-2ZJ/EM FAFNIR P/N 9100KDD
- 2) ALL DIMENSIONS ARE IN INCHES

**D3121-23 BEARING (SCALE 1:1)**

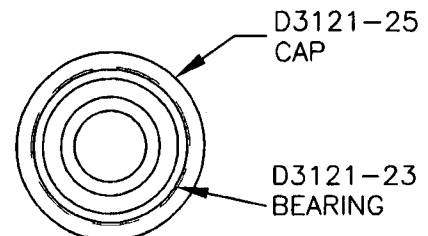
- 1) POSSIBLE SUPPLIER: SKF P/N 61900-2Z OR KML P/N 6900-ZZ
- 2) ALL DIMENSIONS ARE IN INCHES

RELEASED
07.11.07 JMW**D3121-21 BOLT (SCALE 1:1)**

- 1) MATERIAL: AISI 303 SS HEX, ANNEALED (REF DART SPEC. M303H0.500)
- 2) FINISH: NONE
- 3) TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) ALL DIMENSIONS ARE IN INCHES
- 5) BREAK ALL SHARP EDGES 0.005 TO 0.015

**D3121-25 CAP (SCALE 1:1)**

- 1) MATERIAL: DELRIN ROD, 1.25 (REF DART SPEC. M-DELIN-R1.250)
- 2) TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED
- 3) ALL DIMENSIONS ARE IN INCHES

*95860
8/130/22***D3121-241 BEARING ASSEMBLY (SCALE 1:1)**

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MAIN INDUSTRIAL SALES LTD.

1475 TESSIER ST.
HAWKESBURY ON K6A 3S6
Phone: (613) 632-3595 Ext. Fax: (613) 632-0262
sales@mainindustrialsales.com

Packing Slip

DATE January 28, 2013
NUMBER 0000159824
CUSTOMER NO. DART

BILL TO:

DART AEROSPACE LTD.
1270 ABERDEEN ST.
HAWKESBURY ON K6A 1K7

SHIP TO:

DART AEROSPACE LTD.
1270 ABERDEEN ST.
HAWKESBURY ON K6A 1K7

(613) 632-5200 Ext.

(613) 632-5200 Ext.

P.O. NUMBER	SALESPERSON	ORDER DATE	REQ. DATE	ORDER NUMBER
18903	DB	23-Jan-13		0000159824
F.O.B.	SHIP VIA	TERMS		
F.O.B. value	PICK UP	NET 30 DAYS		
PART NUMBER	LOCATION	UOM	QUANTITY	
DESCRIPTION			REQ.	SHIPPED B.O.
0-69002ZKML KML BALL BEARING YOUR PART #: 6900ZZ	6D6	EA	✓ 100	100
0-5100075 5100-075 RETAINING RING YOUR PART #: R3100-75	7D5	EA	✓ 24	24

5MD

8813-0128



Dart Aerospace Ltd.
1270 Aberdeen Street
Hawkesbury, ON K6A 1K7
Tel: 613 632 9577
Fax: 613 632 1053

PURCHASE ORDER

Purchase Order ID **PO18903**

Purchase Order Date 1/23/13

PO Print Date 1/23/13

Page Number 1 of 1

Order From :

VC-MAI001

MAIN INDUSTRIAL SALES LTD.
1475, TESSIER
HAWKESBURY, ON K6A 3S6
CA

Contact Name

Buyer

Chantal Lavoie

Vendor Phone

613 632 3595

Requisition Nbr

Vendor Fax

613 632 0262

Tax Resale Nbr

10127-2607

Vendor Account Nbr

Terms

Net 30

Currency

CAD

FOB

Destination-Collect

Ship To :

DART AEROSPACE LTD 1270 ABERDEEN
HAWKESBURY, ON K6A 1K7
CANADA

FAXED
01/23/13

Line Nbr	Reference Revision ID Vendor Part Number	Description/ Mfg ID	Req Date/ Taxable	Req Qty/ Unit of Measure	Ship Method	Unit Price	Extended Price
1	6900ZZ	Bearing	1/25/13 Yes	✓ 100.00 Each	Yours ppd	\$1.6200	\$162.00
		Special Inst:	AS PER DWG D3121 REV. E B95860 SKF P/N: 61900-21Z OR KML P/N: 6900-ZZ				
2	R3100-75	Retaining Ring	1/25/13 Yes	✓ 24.00 Each	Yours ppd	\$0.2500	\$6.00
		Special Inst:	AS PER DWG D4057 REV. A B95809				

PO Total:

\$168.00

**CERTIFICATE OF CONFORMITY
REQ'D UPON DELIVERY**

8013-01-28

Change Nbr:

2

Change Date: 1/23/13

No substitution or deviation without
consent.

Certificate of Conformity or Material
Certification required - YES NO

TRANSMISSION VERIFICATION REPORT

TIME : 01/10/2008 22:32
NAME :
FAX :
TEL :
SER.# : F9N212739

DATE, TIME	01/10 22:32
FAX NO./NAME	6136320262
DURATION	00:00:19
PAGE(S)	01
RESULT	OK
MODE	STANDARD ECM